_	Under the Paper	work Reduction A	thof 1995	20.0			U.S. Patent an	Approved (	for use the	ough 7/3 1/2006	TO/S8/06 (08 03 OM8 0651-0032
-	PATENT APPLICATION FEE DETERMINATION Substitute for Fonn PTO-875					nd k	N RECORI	information uni	ess il displays a valid OMB control number.  Aghication of Doctor Number		
-	CLAIMS AS FILED - PART I (Column 1) (Column 2)		Column 2)	_	SMALL ENTITY		0%	OTH SMAL	ER THAN L. ENTITY		
10	ASIC FEE 7 CFR 1 16(a)) DIAL CLAIMS	(8)	ilet is e n e ti	11081	BERT SIDA	-		5_		. RAH	- 111
IN	7 CFR 1 16(cH DEPENDENT CU7 7 CFR 1 16(bH)	NMS	minus ?				x s:			A 5 :	\$
l	MOLTIPLE DEPENDENT CLAIM PRESENT (3) CER LIGIO)						* \$ :		· ·	15 =	
	* If the difference in column 1 is less than zero, enter "0" in column ?  CLAIMS AS AMENDED - PART II						JATOL		€ +	IOIAL	
AMENDMENT A	-27-09	(Column 1)  CLAIMS  REMAINING  AFTER	T	(Column 2). HIGHEST NUMBER	(Column 3)	]	SMALL /RATE	ENTITY ADDI:	<b>∂</b> n	SMALL	R THAN ENTITY
	Total (37 CFR 1,76(c))	AMENDMENT	Minus	PREVIOUSLY PAID FOR	EXTRA			FEE FEE		RATE	ADDI. TIONAL FEE
	Independent (37 CFR 1,16(b)) FIRST PRESENT	TATION OF MULTIPL	Minus	8			x s =		or or	X \$ =	
ã	9,80,			AT CLAIM (37 CF	R 1.16(d))	j.	TOTAL ADD'L FEE		65 <sub></sub>	TOTAL ADDILETE	
ENT B	Fotel	(Colemn 1)  CLAMAS  REMAINING  AFTER  AMENOMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	A00i-		RATE	ADDI- TIONALT
MENDM	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))		Minus Minus	•••	=		X \$ =	FEE	ČĀ .	x s=	FEE
¥ A	FIRST PRESENT	ATION OF MULTIPLE	DEPENDE	IT CLAIM (37 CFF	R 1.16(d))	+	X·\$=		er ·	x s =	

TOTAL

ADD'L FEE

	<u>-</u>	(Column 1)	1	(Column 2)	(Column 3)			
NDMENT C	Total (37 CFR 3,36(c))	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
u I	Independent (37 CFR 1,16(b))	•	Minus		z			
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))							

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X 1 =		GR	x s :	
X 1=		OR,	x s=	
+5_=		OR	+ \$=	
TOTAL .	· 	OR	TOTAL AUD'L FEE	

OR

TOTAL

ADD'L FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO time will vary depending upon the individual case. Any comments on the amough of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.